|                             | Casa 25 1100  | NA Doo 2 Fil   | lad 05/07/   | DE Ento         | rod O                | <u> </u>                                 | 1.06 Doco Main   |                               |
|-----------------------------|---|--|--|-----------------|----------------------|--|--|-------------------------------|
| Fill                        | Il in this information to identify your c   | ase:   |  |                 |                      | Check one<br>Form 122                    | box only as directed in thi<br>A-1Supp:  | s form and in                 |
| D                           | Debtor 1 Christian  | Joseph   | Dalessio   |                 |                      |  | e is no presumption of abu   | 20                            |
|                             | First Name  | Middle Name  | Last Name  |                 |                      |  | ·  |                               |
|                             | Debtor 2 Spouse, if filing) First Name  | Middle Name  | Last Name  |                 |                      | of abus                                  | calculation to determine if a<br>e applies will be made und<br><i>Test Calculation</i> (Official F | ler Chapter 7                 |
|                             | United States Bankruptcy Court for th   | ne: <b>Easte</b>   | rn District of   | Pennsylvan      | ia                   |  | Means Test does not apply fied military service but it c   |                               |
|                             | Case numberf known)   |  |  |                 |                      | Check                                    | if this is an amended filing   |                               |
|                             |   |  |  |                 |                      |  | ii ano io an amenada iiing   |                               |
| Of                          | fficial Form 122A-1   |  |  |                 |                      |  |  |                               |
| Cł                          | hapter 7 Stateme  | nt of Your   | Curren <sup>-</sup>  | t Mont          | hly I                | ncome                                    |  | 12/19                         |
| atta<br>and<br>beca<br>with | as complete and accurate as possing a separate sheet to this form. In a case number (if known). If you below a cause of qualifying military service, in this form.  Calculate Your Current  | clude the line number<br>ieve that you are exen<br>complete and file Sta | to which the another the thick the t | dditional info  | rmation<br>f abuse b | applies. On the top<br>because you do no | o of any additional pages,<br>t have primarily consume   | write your name<br>r debts or |
| 1.                          | What is your marital and filing sta   | atus? Check one only.  |  |                 |                      |  |  |                               |
|                             | Not married. Fill out Column A,   | lines 2-11.  |  |                 |                      |  |  |                               |
|                             | Married and your spouse is fill   |  |  |                 | 2-11.                |  |  |                               |
|                             | Married and your spouse is No   | OT filing with you. You  | ı and your spo   | use are:        |                      |  |  |                               |
|                             | Living in the same house  | nold and are not legall  | y separated. F   | ill out both Co | olumn A a            | and B, lines 2-11.                       |  |                               |
|                             | Living separately or are le<br>under penalty of perjury the<br>spouse are living apart for  | nat you and your spous   | se are legally se  | eparated unde   | er nonbar            | nkruptcy law that ap                     | plies or that you and your   |                               |
| ex                          | aried during the 6 months, add the in<br>example, if both spouses own the sar<br>io in the space.   |  |  |                 |                      |  |  |                               |
| 2.                          | <ul> <li>Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).</li> </ul>   |  |  |                 | yroll                | \$1,831.39                               | 0 1  | 1                             |
| 3.                          | Alimony and maintenance payments. Do not include payments from a spouse if Column B   |  |  |                 | umn B                | \$0.00                                   | \$0.00   |                               |
| 4.                          | All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. |  |  |                 |                      |  |  |                               |
| 5.                          | Net income from operating a busion farm   |  | Debtor 1   | Debtor 2        |                      |  |  |                               |
|                             | Gross receipts (before all deduction  | ons)   | \$0.00   | \$0.00          |                      |  |  |                               |
|                             | Ordinary and necessary operating  | •  | - \$0.00   | - \$0.00        |                      |  |  |                               |
|                             | Net monthly income from a busine  | ess, profession, or farm   | \$0.00   | \$0.00          | Copy<br>here         |  |  |                               |
|                             | •   | ,  |  |                 | $\rightarrow$        | \$0.00                                   | 90.00  |                               |
| 6.                          | Net income from rental and other  | real property  | Debtor 1   | Debtor 2        |                      |  |  |                               |
|                             | Gross receipts (before all deduction  | ons)   | \$0.00   | \$0.00          |                      |  |  |                               |
|                             | Ordinary and necessary operating  | expenses   | - \$0.00   | - \$0.00        |                      |  |  |                               |
|                             | No. 11.   |  | \$0.00   | \$0.00          | Сору                 |  |  |                               |
|                             | Net monthly income from rental or   | other real property  | 4  | 75.03           | here<br>→            | \$0.00                                   | \$0.00   |                               |
| 7.                          | Interest, dividends, and royalties  |  |  |                 |                      | \$0.00                                   |  |                               |
|                             | ,,,,,,  |  |  |                 |                      |  |  |                               |

Debtor 1

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|     | First Name Middle Name  | Last Name  |                           |  |  |  |  |  |  |  |
|-----|---|--|---------------------------|--|--|--|--|--|--|--|
|     |   |  | Column A Debtor 1         | Column B Debtor 2 or non-filing spouse |  |  |  |  |  |  |
|     | 8. Unemployment compensation  | \$0.00   | \$0.00                    |  |  |  |  |  |  |  |
|     | Do not enter the amount if you contend that the under   |  |                           |  |  |  |  |  |  |  |
|     | the Social Security Act. Instead, list it here:   |  |                           |  |  |  |  |  |  |  |
|     | For you   | \$0.00   |                           |  |  |  |  |  |  |  |
|     | For your spouse   | \$0.00   |                           |  |  |  |  |  |  |  |
|     | <ol> <li>Pension or retirement income. Do not include benefit under the Social Security Act. Also, exc do not include any compensation, pension, pay United States Government in connection with a disability, or death of a member of the uniformeretired pay paid under chapter 61 of title 10, the that it does not exceed the amount of retired pay entitled if retired under any provision of title 10.</li> <li>Income from all other sources not listed abo Do not include any benefits received under the received as a victim of a war crime, a crime ag domestic terrorism; or compensation, pension</li> </ol> | ept as stated in the next sentence, annuity, or allowance paid by the disability, combat-related injury or ad services. If you received any en include that pay only to the extent ay to which you would otherwise be other than chapter 61 of that title.  ve. Specify the source and amount. It is social Security Act; payments gainst humanity, or international or pay, annuity, or allowance paid by | <u>\$0.00</u>             | <u>\$0.00</u>                          |  |  |  |  |  |  |
| Pa  | the United States Government in connection vinjury or disability, or death of a member of the list other sources on a separate page and put  Total amounts from separate pages, if any.  11. Calculate your total current monthly income each column. Then add the total for Column A   | e uniformed services. If necessary, the total below.  Add lines 2 through 10 for to the total for Column B.  | +<br>\$1,831.39           | +<br>+<br>\$1,909.57                   | = \$3,740.96  Total current monthly income |  |  |  |  |  |
| 12. | Calculate your current monthly income for the year. Follow these steps:   |  |                           |  |  |  |  |  |  |  |
|     | 12a. Copy your total current monthly income from li   |  | Copy line 11 here →       | \$3,740.96                             |  |  |  |  |  |  |
|     | Multiply by 12 (the number of months in a yea   |  | L                         | <b>x</b> 12                            |  |  |  |  |  |  |
|     | 12b. The result is your annual income for this part of  |  | 12b.                      | \$44,891.52                            |  |  |  |  |  |  |
| 13. | Calculate the median family income that applies to  |  |                           |  |  |  |  |  |  |  |
|     | Fill in the state in which you live.  |  |                           |  |  |  |  |  |  |  |
|     | Fill in the number of people in your household.   |  |                           |  |  |  |  |  |  |  |
|     | Fill in the median family income for your state and six<br>To find a list of applicable median income amounts, ginstructions for this form. This list may also be availa  | 13. [  | \$83,249.00               |  |  |  |  |  |  |  |
| 14. | How do the lines compare?   |  |                           |  |  |  |  |  |  |  |
|     | 14a. Line 12b is less than or equal to line 13. On Go to Part 3. Do NOT fill out or file Official F   | the top of page 1, check box 1, Then orm 122A-2.   | e is no presumption of al | ouse.                                  |  |  |  |  |  |  |

Go to Part 3 and fill out Form 122A-2.

14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2.

Debtor 1

Part 3:

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Middle Name

Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Christian Joseph Dalessio

Signature of Debtor 1

Date 05/07/2025

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.